2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P05000017723

Entity Name: YOUR FAMILY HOME HEALTH CARE SERVICES INC.

Current Principal Place of Business:

12963 W. OKEECHOBEE RD., STE. 5
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

12963 W. OKEECHOBEE RD.,
STE. 5
HIALEAH GARDENS, FL 33018

Current Mailing Address:

12963 W. OKEECHOBEE RD., STE. 5
HIALEAH GARDENS, FL 33018

New Mailing Address:

12963 W. OKEECHOBEE RD.,
STE. 5
HIALEAH GARDENS, FL 33018

FEI Number: 34-2034193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: VAZQUEZ, IDALMIS
Address: 12963 W. OKEECHOBEE RD., STE. 5
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDALMIS T VAZQUEZ PSD 02/25/2008

Electronic Signature of Signing Officer or Director — Date